



Report Identification Number: SY-17-019

Prepared by: New York State Office of Children & Family Services

Issue Date: Oct 06, 2017

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children		
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardiopulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old



Case Information

Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Onondaga
Gender: Female

Date of Death: 05/21/2017
Initial Date OCFS Notified: 05/30/2017

Presenting Information

On 5/30/2017 an SCR report was made regarding the death of the SC. The report alleged that on 5/21/17, the SM found the 4-month-old SC pale and not breathing. The SM attempted CPR and called 911. Before emergency responders arrived, the SM drove the infant to the hospital where CPR was again attempted. The infant was pronounced dead at the hospital.

Executive Summary

This fatality report concerns the death of a 4-month-old female SC that occurred on 5/21/17. The death of the SC was reported to the SCR on 5/30/17 and Onondaga County Department of Social Services (OCDSS) was assigned to investigate the report. The report alleged the SM found the otherwise healthy SC pale and not breathing. It was suspected the fatal incident was related to an unsafe sleep environment. The report also noted the SM and SC had unexpectedly spent the night at a cousin's home because of car trouble. The situation was unforeseen and the SM did not have a pack and play with her. The cousin of the SM was in the home when the SC was found unresponsive on a futon. The SM and her cousin (HH1) were both alleged subjects in regard to the death.

OCDSS conducted a joint investigation with LE. There were no criminal charges filed as a result of the fatality and LE has concluded their investigation. The ME told OCDSS that the SM and SC were sleeping on a futon, that was in a sofa position. The SM and SC were lying with their feet facing each other. The ME did a doll reenactment and no foul play was suspected. The ME provided OCDSS with the final autopsy report. The ME concluded the SC's cause of death to be sudden death associated with unsafe sleep environment and the manner of death was undetermined.

OCDSS spoke with several collaterals and gathered medical records regarding the SC. OCDSS interviewed the SM, HH1, BF, MGM and made contact with the MU. The SM had no other children, but resided in a home with the MGM and the MU, who is a child. OCDSS determined the MU was safe within 24-hours of notification of the death of the SC. OCDSS offered bereavement services to the SM, BF, MGM and MU.

OCDSS made the appropriate determination to substantiate the allegations of IG and DOA/Fatality against the SM and unsubstantiated the same allegations against the HH1 regarding the SC. OCDSS based their determination on the evidence that the SM was aware of safe sleep practices and chose not to practice them the day of the fatality. OCDSS found some credible evidence the SM failed to exercise a minimum degree of care by placing the SC in an unsafe sleep environment, subsequently contributing to her death. There was no credible evidence that HH1 was a part of the decision to place the SC on the futon to sleep.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**



- **Approved Initial Safety Assessment?** Yes
- **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

The case closure was appropriate, the SM had no surviving children.

Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)? Yes No

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 05/21/2017

Time of Death: 08:53 AM

Time of fatal incident, if different than time of death: Unknown

County where fatality incident occurred: Onondaga

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to respond to the scene? Unknown

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

Did child have supervision at time of incident leading to death? Yes



Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was:

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- Other:

Total number of deaths at incident event:

Children ages 0-18: 1
Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	4 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	42 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Other Child - SM's brother	No Role	Male	5 Year(s)
Other Household 1	Other Adult - Relative of SM	Alleged Perpetrator	Female	27 Year(s)
Other Household 2	Father	No Role	Male	25 Year(s)

LDSS Response

After receiving an SCR report on 5/30/17 regarding the death of the SC, OCDSS began an investigation. OCDSS contacted the source, ME, LE and the DA. OCDSS also checked the CPS history of the SM and BF.

OCDSS went to the home of the SM to interview her regarding the events leading to the fatality. The SM reported the day before the fatality the SC, a cousin (HH1) and herself were visiting family members out of town. They left and returned to the HH1's home at about 11:00PM. The SM reported her car had broken and no one was able to give her and the SC a ride home. The SM and SC spent the night at HH1's home. The SM reported she did not plan the overnight stay and therefore had no pack and play for the SC to sleep in. The SC was sleeping in her car seat and the SM left her there to sleep until about 12:45AM. At that time the SM changed the SC into pajamas and wiped her face up from earlier. The SM then placed the SC on the futon, facing up to sleep. The SM reports the futon was in the upright (couch) position. The SM went to sleep on the opposite end of the futon a short while later. The SM fell asleep and awoke at about 8:00AM, when the SC normally also wakes up. The SM went to pick up the SC and the SC was cold and unresponsive. The SM began screaming, waking the HH1. The SM then began CPR on the SC and the HH1 called 911. The SM and HH1 felt EMS was taking too long to respond, so they drove to the hospital in their own car. The SM said the SC had her last bowel movement in the car ride, and blood began to come from her mouth and eyes. The SM reports the medical personnel at the hospital also attempted CPR, but were unable to revive the SC. The HH1 was interviewed and provided mostly the same details as the SM regarding the fatal incident. The HH1 told OCDSS she checked on the SM and SC at 5:00AM before heading to bed and the SC was alive. The HH1 also did not report the SM's car being broken down, she said the SM decided to spend the night because she was tired from the festivities earlier in the day. OCDSS learned the HH1 did not have a crib or pack and play in the home.

Although the fatal incident occurred at the home of HH1, the SM and SC lived in the home with the MGM and MU (minor child) at the time of the SC's death. The SC normally slept in a pack and play that OCDSS observed in the home. The SC



was known to be an otherwise healthy child and was not prescribed any medication. OCDSS documented the SC's pediatrician had no concerns.

The BF of the child was incarcerated at the time of the fatality, but was interviewed by OCDSS. The BF had no concerns regarding the care the SM provided to the SC. The SM denied using any drugs or alcohol. OCDSS did not directly question the SM's knowledge of safe sleep practices. SM reported she never spends the night out with the SC or leaves her with a sitter for fear of "this", implying she was referring to unsafe sleep.

The SM and BF had no other children. The 5-year-old MU residing in the home was seen and assessed to be safe. OCDSS also spoke with the MU's school and confirmed there were no concerns. The MGM was also seen and interviewed.

OCDSS offered bereavement services to the SM, BF, HH1,MGM and MU. OCDSS also offered burial assistance but the SM declined assistance.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?Yes

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
040081 - Deceased Child, Female, 4 Mons	040087 - Other Adult - Relative of SM, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
040081 - Deceased Child, Female, 4 Mons	040082 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
040081 - Deceased Child, Female, 4 Mons	040082 - Mother, Female, 20 Year(s)	DOA / Fatality	Substantiated
040081 - Deceased Child, Female, 4 Mons	040087 - Other Adult - Relative of SM, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
The SM had no other children, but resided in a home with her younger brother and his safety was assessed.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
OCDSS provided referrals for grief counseling to the MGM and the SM's 5-year-old sibling, both whom lived in the home with the SM and SC.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:
The SM was referred for grief counseling and victim services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** Yes
- Was there an open CPS case with this child at the time of death?** No
- Was the child ever placed outside of the home prior to the death?** No
- Were there any siblings ever placed outside of the home prior to this child's death?** No
- Was the child acutely ill during the two weeks before death?** No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
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Child Fatality Report

02/09/2017	Deceased Child, Female, 1 Months	Mother, Female, 19 Years	Inadequate Guardianship	Far-Closed	No
	Deceased Child, Female, 1 Months	Mother, Female, 19 Years	Lack of Supervision	Far-Closed	
	Deceased Child, Female, 1 Months	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Far-Closed	

Report Summary:

The report alleged the SM used marijuana to impairment while the sole caretaker to the SC (2-weeks-old). When impaired, the mother was unable to adequately care for the child and would pass out, leaving the child unsupervised. The SM also drove impaired, with the child in the car. The SM reportedly drove erratically and unsafely, attempting to run people over. The SM physically assaulted another adult while holding the child. It was unknown if the child was injured during the altercation.

OCFS Review Results:

OCDSS completed a 24-hour safety assessment and had contact with the SM promptly to discuss the allegations. OCDSS diligently explained the FAR Process to the SM and she agreed to that track. The FLAG was completed with the family and was done timely. OCDSS contacted collaterals and gathered useful information regarding the family's functioning. The SM and SC were referred to several services by OCDSS in an effort to help the SM attain her goal of self-sufficiency.

Are there Required Actions related to the compliance issue(s)? Yes No

CPS - Investigative History More Than Three Years Prior to the Fatality

There is no CPS history 3 years prior to the fatality.

Known CPS History Outside of NYS

There is no known history outside of New York State.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

The SM requested Preventive Services in March of 2017 because she wanted assistance with becoming self sufficient so she could care for her child independently of her mother (the MGM). The SM was seeking employment and needed daycare assistance for the SC. The SM found full time employment and arranged for daycare in the time between the case opening and the first appointment with OCDSS for services. The SM reported she would continue to live home with her mother and things were fine. The SM declined services before they had a chance to begin. The case was opened in CONNECTIONS from 3/7/17-5/01/17.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No



Are there any recommended prevention activities resulting from the review? Yes No